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Ly-Le, Tuong-Minh

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Government crisis assessment and reputation management. A case study of the Vietnam Health Minister's crises in 2013-2014

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Tuong-Minh Ly-Le
Bond University, Australia

Abstract: In Vietnam, many government announcements have gathered negative receptions from the public. Among them, Ms. Nguyen Thi Kim Tien, Vietnam Minister of Health, has received more of it. Through the case study of Ms. Kim Tien's many scandals during the 2013-2014 period, this study is interested to see if the health scandals eventually elevated into a government crisis, how they affected the minister's reputation, and what she could have done to better respond to the public. This study examined news articles on such health scandals to confirm whether the health scandals indeed escalated to be a government crisis. It also identified the advantages and disadvantages of Ms. Kim Tien's responses in restoring her reputation to the public to understand what factors contributed to public dissatisfaction toward the minister. This study concluded that poorly-managed health scandals eventually elevated into a government crisis and greatly affected the minister's reputation. It is suggested that PR is what the government needs to deal with such situations. The research also leaves room for a quantitative approach to the case to increase the result's validity and representativeness. Until now, as the health issues and the resignation appeals are still needed, the crisis management effort should get more attention from the government, and such study is needed to better understand the situation

Keywords: government crisis, assessment, reputation management, image restoration, Vietnam, case study

1. INTRODUCTION

A measles outbreak, Asian Games hosting decisions, and 34-trillion-VND education initiatives are among a series of heated events that have affected the Vietnamese government's reputation during the 2013-2014 period. The social impacts of these events have drawn attention to government officials' reactions, especially to their public responses. According to Lan Huong (2014a), from 2013 to the present, many government announcements have gathered negative receptions from the public. Among the politicians with unwelcoming feedback, Ms. Nguyen Thi Kim Tien, Vietnam Minister of Health, has received more of it. According to Kim Linh (2013), the minister's responses to the media

were typically regarded as shocking, unthoughtful, irresponsible and begging the question. Consequently, the recent measles outbreak, together with previous health scandals and crises, led to mounting pressure that Ms. Kim Tien should resign because her reactions and announcements to these events widely displeased the public. To add to the objections, Ms. Kim Tien flatly refused to resign and provided no explanations for the behavior (Truong Son, 2014). While a politician's foremost goals should be to protect his or her image and strengthen the public's trust in them, Ms. Kim Tien and other Vietnamese politicians failed to do these things due to lack of strategic planning and practice in communicating with the public.

Through the case study of Ms. Kim Tien's many scandals during the 2013-2014 period, this study is interested to see if the health scandals eventually elevated into a government crisis, how they affected the minister's reputation, and what she could have done to better respond to the public. The paper examined news articles on such health scandals by analyzing themes of the events, the minister's responses, media reactions, and public feedback to confirm whether the health scandals indeed escalated to be a government crisis and should have been treated more carefully as a government crisis. The paper also inspected the articles further to identify the advantages and disadvantages of Ms. Kim Tien's responses in restoring her reputation to the public, to find a theme in the responses and understand what factors contributed to public dissatisfaction toward the minister.

2. LITERATURE REVIEW

Government crisis

According to Lee (2009), a government crisis differs from a corporate crisis in both nature and scope. The government is always under the public eye; it has a duty to report decisions and actions to citizens. It requires a high level of responsibility and delicate communication skills. A crisis in this sector can face a degree of both public and media scrutiny that far exceeds a normal corporate crisis, which can lead to a loss of public trust towards the government (Lee, 2009; Liu, Horsley & Levenshus, 2010).

Liu and her colleagues (2010) stated that public perception of a government's communication effort has a major effect on a crisis management outcome. As a result, during a time of crisis, government officials have a greater need to satiate the information thirst of the public than a corporate in crisis does. The government feels more pressure to meet the public's information needs, and thus has to communicate more frequently and more effectively (Liu et al., 2010). Moreover, the media's reaction to government officials is also different from the reactions to corporates. Not only do government responses tend to be covered significantly more often than those of corporate entities in the media, but the responses also are evaluated more negatively (Liu et al., 2010). Hence, the complexity of a crisis result poses a need to clearly define what a government crisis is to better address and respond to it.

In the case of Ms. Kim Tien, in the 2013-2014 period, Vietnam faced elevations in hospital fees, violations in medical ethics, vaccine frauds, and an uncontained measles outbreak. At first, the issues appeared as rumors and scandals, but they soon escalated into crises that shook the health sector. Poor management of the crises by the Ministry of Health caused public trust to quickly deteriorate. This paper argues that the main issue that occurred when the government could not resurrect that trust was that the health crises became government crises, leading to withdrawal of public support toward the government. The first research question that guides this paper is thus formed as follows:

RQ1: *Did the examined health scandals collectively escalate into a government crisis?*

Crisis management in a government crisis

According to Novak and Barrett (2008), a government crisis, especially a crisis for a public health organization, involves communicating with interested parties about the nature, magnitude and significance of the issue. When a crisis happens, government authorities face heightened public and media scrutiny. The media promptly seeks information and will attempt to gather input from different organizational members. Additionally, citizens now have new media, which empowers them to be more involved and communicative during a crisis. With new media, a crisis can spread to a global audience more easily than ever. Novak and Barrett (2008) and Xiao (2008) recommended that governments should thus designate a spokesperson during a crisis to assure the public, express willingness to assess the crisis situation and progress, announce if the government has any countermeasures and avoid secrecy. These steps are vital to uphold the public trust in an uncertain and complex situation like a crisis. Novak and Barrett (2008) believed that formal leader of an organization can be the best choice as the spokesperson. It is the spokesperson's job to maintain the trust and credibility of the government and if necessary, admit fault and accept responsibility.

In the case of Ms. Kim Tien, the continuous poor information about the industry caused the public to place their contempt on the one they thought to be responsible, the Minister of Health. Media articles about the minister received a number of shares and negative comments across social media platforms. Nevertheless, the minister's responding statements to the media were only denials and evasions throughout the scandals. An example of this behavior appears in the article "I can't resign" (2014). The issues largely affected Ms. Kim Tien's reputation and led to an online petition for her resignation, which had received 12,000 signatures by June 2014 ("Minister of Health," n.d.). To understand more about the crisis management effort of the minister, the second research question is formed as follow.

RQ2: *During the examined health scandals, how did the minister's responses affect her reputation to the public?*

A similar health-related government crisis in the region is Hong Kong's SARS crisis. Lee (2009) employed eight assessments to see if the Hong Kong government handled the incident well or poorly, which are (1) *The issue demonstrates the government's ineffectiveness in crisis prevention and containment*, (2) *The issue magnifies the government's existing problem in public communication management*, (3) *The government faces intensified media scrutiny*, (4) *The handling process recalls collective memories of previous crises*, (5) *The issue is perceived as a thematic, regular happening*, (6) *The communication management is reflected as the government's commitment to the public good*, (7) *The issue magnifies the bureaucratic nature of the government*, and (8) *The political, economic and social contexts affect the government's decision*. These assessments will be used to evaluate Ms. Kim Tien's effort during the measles outbreak.

Public relations for Vietnam government

In 2014, Lan Huong's interview series with Mr. Nguyen Si Dung, Vice Chairman of the National Assembly Office, and Mr. Le Quoc Vinh, journalist and PR specialist, chairman of a leading communication group in Vietnam, was conducted to understand more about the nature of the Vietnam government's communication. Lan Huong's (2014a) interview

revealed that most government officials do not care much about reputation or how to manage it. While Western politicians pay more attention to their reputation because they are appointed through public election, in Vietnam, the party selects the candidates and the citizens vote based on these few selections. This selection makes it easier for a candidate to win without having to build public trust. Further, Vietnamese culture encourages people to be modest and discreet, limiting public appearance; even the politicians still embrace this pattern. Additionally, most Vietnamese politicians tend to avoid the media and public opinion. They are afraid of traditional media, social media, and of public speaking. According to Lan Huong (2014b), some politicians stated that they fear dropping the ball and delivering soundbites that the media will use against them. Therefore, government officials generally disregard the issue of reputation management. They are usually not interested in citizens' feedback. No earlier than when a crisis occurs do they seek to solve the problem. As a result, the way the government authorities currently lead and react makes the public feel that authorities can talk and do all they want, regardless of mass opinions (Lan Huong, 2014a).

3. METHODOLOGY

Case study

The method used in this research is qualitative case study, which is an intensive, in-depth interpretation and analysis of a phenomenon, as Merriam (1998) defined it. A qualitative case study aims primarily to develop insight into and interpret a phenomenon, not to test hypotheses.

Based on their overall intent, Merriam (1998) further categorized case studies into three types: *descriptive* (provides detailed description of the studied phenomenon, which may later be used for hypothesizing or theoretical assumption testing), *interpretive* (interprets rich data to develop concepts, and/or to support or challenge theories held before data gathering) and *evaluative* (describes and explains information to evaluate and produce judgment on the studied phenomenon). This case study of Ms. Kim Tien is an evaluative case study, as it analyzed the media information to develop a better understanding of the scandals and to weigh each of the minister's responses.

Case background

In July 2013, three newborns died shortly after their births, only minutes after receiving their routine Hepatitis B shots. Photos of grieving parents were shown across the media, which caused sadness and fear across the nation about the quality of vaccines. This case was not directly blamed on Ms. Kim Tien until she refused to pay a visit to the parents while she was in town, and the cause of death was left unanswered. The Ministry of Health claimed "there was no proof [that the Hepatitis B shots were to blame]" (Bich Van, 2013). As a result, an online petition calling for the minister's resignation was spread across social media outlets.

As discussed by Cam Quyen, (2013), a number of medical mishaps that occurred later in the year continued to erode people's faith in the health sector. It was detected that a major hospital in Hanoi had cloned patients' blood test results for years. By throwing away a patient's blood sample and using the available results, the hospital caused a public uproar about medical ethics. The worst case in the sector soon followed. A woman died during an operation with a well-known doctor from Vietnam's largest hospital. Her death was not

reported and the doctor threw her body into a river to get rid of any evidence. These two cases, together with some minor scandals of doctor corruption and health worker neglect, never saw a thorough solution on how to renovate the health sector's organization and uphold ethics.

The second wave of demands for Ms. Kim Tien's resignation started in April 2014, when a national measles outbreak was reported. In all provinces, almost 21,000 cases were reported (Quoc Thanh, 2014). Despite many doctors' suggestions, the Ministry of Health delayed the public announcement of the outbreak, and in a media briefing, the minister blamed the incident on citizens' poor vaccination awareness, overcrowded hospital conditions (which caused cross-infections) and on the climate changing, instead of taking proper responsibility and seeking solutions (Truong Son, 2014). Although there was strong pressure for her to resign, Ms. Kim Tien refused to step down.

Data analysis

To respond to the first research question, which investigates whether the examined health scandals collectively escalated into a government crisis, this paper examined the most recent scandal for Ms. Kim Tien, which was the measles outbreak. As public reactions had mounted from the previous scandals and collectively hurt the health minister's image, this is when the public followed the government even more closely. All of the articles selected for study were arranged in chronological order. The measles outbreak is the most recent scandal for Ms. Kim Tien. The researcher analyzed the stories, the authors' word choice, as well as the readers' comment sections in the articles to see if the measles outbreak was assessed properly and if it has escalated into a government crisis.

The author consulted local media repository for media coverage on the case. Keywords used include "measles outbreak," "Kim Tien" and crisis, in both Vietnamese and English languages. All articles returned from the keywords were read to further identified if they actually described the case.

Among the articles found, as data for RQ1, this paper used fifteen pieces of media coverage on the measles outbreak on *Tuoi Tre* (5 articles), *Tuoi Tre News* (which is the former's English subsidiary and contained 2 articles), *VnExpress* (4 articles) and *Thanh Nien* (4 articles). As stated by the Golden Communication Group (2013), these publications are the leading and most prestigious media in Vietnam. They are generally regarded as more objective, impartial and credible than other news sources, and thus their articles are more reliable for study. The time frame for this data set is from April 1-30, 2014, which was the period of the measles outbreak.

To answer the second research question, which looked for how the minister's responses affected her reputation to the public during the examined health scandals, all of the minister's responses to the media were extracted and categorized into Benoit's (1995) five image restoration strategies, which will be described in the Results and discussion section. The responses were further analyzed to see if the minister showed any passionate involvement in the issue. The public comments on the articles were also used to support the argument that the minister's reputation suffered due to responses, to reflect the mass feedback.

Data for RQ2 were taken from one medium, *Tuoi Tre* (and its subsidiary, *Tuoi Tre News*), to understand whether the minister's responses, the medium's interpretation and public feedback changed over time, and how. The data included all media coverage on the health scandals, and all the readers' comments and feedback to the articles. The analyzed period is

from July 1, 2013 to April 30, 2014, which included all the aforementioned health scandals for which the Minister of Health was blamed.

4. RESULTS AND DISCUSSION

How the measles outbreak should have been assessed

In their study on government decisions in crises and crisis management, Rosenthal and Kouzmin (1997) proposed a five-step framework for government decision-making process during a crisis, which can help a government to assess the seriousness of an issue or a crisis, and to see if a decision is necessary. To answer RQ1, this paper followed these five steps to assess the measles outbreak and to weigh if the minister's reactions were appropriate.

Step 1: Assess whether the crisis poses a threat to the existing social-political system

If the incident has a broader implication, if it is challenging the government's function and development, it has to be taken more seriously and rapidly. In this case, even though the infant deaths from measles first appeared in only some provinces, there was a high chance of an outbreak since measles is an infectious disease. Additionally, the series of health-related cases in the prior year made the public keep a closer eye on the health officials; another uncontrollable scandal could be a fatal blow to the Ministry. Therefore, the first hints of the outbreak should have been handled more seriously.

Step 2: Assess the necessity to respond

According to Rosenthal and Kouzmin (1997), government also needs to decide whether to provide a response to the public, to restore the situation to its previous, stable state, or to adapt and innovate as appropriate. In this case, a need to provide a measles containment plan before the public was much needed. Since the doctor's recommendation to publicly announce the outbreak appeared on media, and since the deaths were publicly reported, the public agenda was fixed on Ms. Kim Tien for a proper response. Thus, the delay in announcement could only be accepted if the minister had provided a reasonable explanation and an action plan for both health workers and the public during the measles outbreak. However, her early denial of the outbreak possibility and her delayed actions (Truong Son, 2014) proved that she had failed at this step.

Step 3: Assess the necessity of a government response

Rosenthal and Kouzmin (1997) further described that if a response is needed, the government must make a proper one. They stated that if government officials do not have the capability and responsibility to respond, a wrong involvement may negatively affect crisis management. The researchers recommended that a capable and knowledgeable spokesperson should take the task, not just anyone from the government. In this case, the minister received the most public attention and she was the main person to speak for the Ministry; nevertheless, many of her responses were heavily criticized. On the minister's defense that everyone makes mistakes and people need to understand for the health sector's oversight (in the measles case), among the heated replies was the following, quoted in Nguyen Mi (2014) in *Thanh Nien*:

I think the minister was wrong. We all know that everyone makes mistakes, but we have to distinguish between unforeseen mistakes and mistakes from incapability and irresponsibility.

This statement indicated that the minister was not the right person to speak for herself and the Ministry. She should have designated a spokesperson to better reassure the public.

Step 4: Decide how promptly the decision should be made, and

Step 5: Commit to making critical decisions

Steps 4 and 5 in Rosenthal and Kouzmin's (1997) framework involve how quickly to make communication decisions and then committing to them. While prompt decision-making may be uncommon in public organizations, if an incident is highly uncertain or complex, the government must respond to it as quickly as possible. And when the incident escalates, the government must commit to making critical decisions to avert or contain the incident at even a shorter notice. In this case, the public announcement delay and poor containment effort, which resulted in more reported deaths and mounting complaints, indicated that the government and Ms. Kim Tien also failed at these steps. Readers' harsh comments could be seen in every article on this case. For example, one reader commented to Nam Phuong's (2014a) article in *VnExpress*:

The health sector responded too slowly and passively during this epidemic. Just like in the vaccine case, there is no effective measure to stop the spread, no information, no announcement to public.

Altogether, it could be seen that the measles outbreak was undermined by the government. It was not taken as seriously as it should have been, resulting in mounting criticism and case escalation.

The health scandals collectively escalated into a government crisis

When the measles outbreak scandal escalated, it was grouped with the prior health scandals to deliver a collective judgment on the minister's dedication and efficiency. To see if the case turned from a scandal to a government crisis, this paper used Lee's (2009) eight challenges that characterize a government crisis to examine the media articles as below.

(1) The issue demonstrates the government's ineffectiveness in crisis prevention and containment.

In this case, the government's ineffectiveness was shown in the inconsistency, and sometimes contradictions, between the official announcement and the reality of the outbreak. At first, Ms. Kim Tien kept assuring the public that there was no outbreak and everything was under control. However, just before she finally admitted to the presence of an outbreak, the number of confirmed deaths due to measles suddenly went up five times compared to the prior confirmed number (from 25 to 111) (Lan Anh, 2014a). It was reported on the media that the minister did not want to display her inefficiency so she kept the number low.

(2) The issue magnifies the government's existing problem in public communication management.

This challenge was demonstrated in the case as the minister lacked communicating with both the media and the public, since during the first week of the measles scandal, she didn't make

any comments. The lack of a spokesperson or proper communication training for the minister was also a problem, as her replies were mostly perceived negatively by the public.

(3) The government faces intensified media scrutiny.

Little media relation effort in this case heightened the media scrutiny on the minister. The mounting pressure for her resignation came not only from the general public but also from the media workers. Many media reports have implied that Ms. Kim Tien should step down while the online petition had gone viral on social media and her containment effort did not succeed. For example, the article “Vietnam health minister” (2014) in *Tuoi Tre News* included the following question from a journalist:

“As a mother, have you extended your apology to the parents whose children have died of measles, and have you thought of resigning?”

(4) The handling process recalls collective memories of previous crises.

During her official meeting with the People’s committee, Ms. Kim Tien was asked several times about the previous cases of medical ethics. In response to the doubts that the Ministry could not improve the situation, Ms. Kim Tien was hesitate to say that she “could make no promise when these issues could be stopped” (Le Kien, 2014).

(5) The issue is perceived as a thematic, regular happening.

Health scandals and lack of communication from the minister began to seem normal to the Vietnamese public. Many concerns were sent to the media regarding the minister’s time and again ineffectiveness over the scandals:

Upsetting! I never saw Ms. Head-of-health-industry made condolences to the victims, and never did she have an immediate plan to thoroughly settle the problems, from the vaccine case to the present measles, and hopefully no more cases (Lan Anh, 2014b).

(6) The communication management is reflected as the government’s commitment to the public good.

According to Lee (2009), the communication effort is perceived as the government’s commitment to the public, as through communication, the government can guide the people on how to protect themselves during crises. However, the lack of communication throughout the outbreak displayed just the opposite. A number of readers voiced their anxiety to the press, as they believed the government didn’t care for people’s lives.

America has the early warning outbreak recognition system, while Vietnam ironically fears that the people will panic (so we waited for more deaths before confirming the outbreak). The old saying “prevention is better than cure” is already thrown away (Lan Anh, 2014a).

(7) The issue magnifies the bureaucratic nature of the government.

The bureaucratic nature of the Vietnam government, especially the Ministry of Health, was shown through its inflexibility and poor communication among government agencies. During the early phase of the outbreak, there were inconsistencies in announcements among the local health agencies, and between the locals and the Ministry. The number of deaths, the

seriousness of the infection, and the need to announce the outbreak were reported differently by different officials, which greatly confused the public (Lan Anh, 2014b).

(8) The political, economic and social contexts affect the government's decision.

According to Ms. Kim Tien, one of the reasons that the Ministry could not announce the outbreak earlier was the political context. Different government agencies functioned independently and the Ministry of Health could not speed up the announcement process (Nam Phuong, 2014b). Even though this explanation did not improve the situation, it showed that external environment might have affected this case.

To review, RQ1 aimed to understand whether the examined health scandals collectively escalated into a government crisis. Altogether, the data demonstrated all eight challenges that characterize a government crisis. Therefore, it can be concluded that the Minister of Health failed to properly assess the measles outbreak that it added to the previous scandals and escalated into a government crisis.

The minister's responses during the crisis

Benoit (1995) emphasized that maintaining a positive image is an important aspect of communication. However, as human beings, people cannot always avoid making mistakes, or satisfy everyone. If the government has to admit fault, they can apply one of Benoit's five image restoration strategies, as listed below, to minimize damage and return to a favorable position.

(1) *Denial*: The accused person simply denies performing the act or shifts the blame to another person.

(2) *Evading responsibility*: The person attempts to evade or reduce the responsibility by stating that the act was to respond to another (wrongful) act, or that s/he lacks the information and control over the act, or that the act was done with good intentions.

(3) *Reducing offensiveness*: The person tries to reduce the negative feeling of the audience by stressing the (person's) good traits, emphasizing that the act was not serious or offensive, putting the act in another context, reducing the accuser's credibility, or compensating the victims.

(4) *Corrective action*: The person vows to solve the problem.

(5) *Mortification*: The person admits responsibility and apologizes.

Among Benoit (1995)'s five image restoration strategies, mortification is favored by the public, followed by reducing offensiveness and corrective actions. Benoit (1997) and Novak and Barrett (2008) made a suggestion that the person at fault should admit responsibility immediately, because denying or evading it can backfire and cause more damage when the truth emerges. Additionally, during the public communication process, the researchers recommended that the spokesperson should be more flexible with diverse public needs, and more passionately involved, showing empathy and concern for the people, instead of trying to reduce offensiveness or making empty pledges of corrective actions or mortification (Xiao,

2008; Novak & Barrett, 2008). It was emphasized throughout the literature that communication should not only be politically appropriate, but also publicly acceptable.

The first news stories about the minister and the health scandals in October 2013 all reported that she “firmly denied media access” and walked away when asked about the issues (Mai Huong, 2013). Da Trang (2013) further described the media’s thought of this reaction in her article as “[the journalists] could only look at each other in disbelief, [when the minister], “who should have been the one to take the initiative, shook her head and refused [the interview].” Regarding the minister’s reaction, a reader commented:

Reading this article is a sad thing. The Ministry head refused to talk; the authorities didn’t talk either. It’s sad. This is not just a medical ethics issue, but also an insensitive and immoral case (Mai Huong, 2013).

When she finally accepted media interviews, during the earlier scandals, Ms. Kim Tien used *denial* and *evading responsibility* to defend herself. On the vaccine scandal that led to the infants’ deaths, the minister denied that it was a health-related scandal, as “there was no proof [that the Hepatitis B shots were to blame]” (Bich Van, 2013). Later, speaking about the doctor’s body disposal case, she did not take the responsibility to see through the issue as the head of the Ministry of Health. Instead, she victimized herself as an innocent person during the whole issue, that she was clearly lacking control over the problem, stating she “cannot imagine that a doctor like [him] could take such a heartless action” (“Minister speaks out,” 2013). Moreover, Ms. Kim Tien tried to shift the blame to other parties. According to Mai Huong (2013), the minister only talked a little on medical ethics but implied that all of health scandals became more noticeable because of the media. Stating that Vietnam journalists were so active nowadays that they covered a lot of negative news, the minister suggested that media should have proper orientation to cover other positive stories. The minister also applied guilt to the health departments and private clinics, not to any particular individual within the Ministry, as Tuoi Tre News reported that “she also blamed the death partly on loose management and control of concerned agencies over health facilities, especially private ones.” (“Minister speaks out,” 2013).

The other strategy that Ms. Kim Tien used was *corrective*, displaying major changes to prevent the scandal recurrences. From November 2013 to March 2014, it was shown on the media that the minister began to train health workers on medical ethics and etiquette and conducted regular check-ups on hospital facilities. In addition to the corrective actions, the minister also expressed her pain, torment and upset over the decline of medical ethics (Mai Huong, 2013; L. Anh, 2013). However, such expressions were not well received by the public, as many considered those false sympathy.

Ms. Tien is making an empty statement. When something happens, the adage is always “We are extremely pained and tormented” (Da Trang, 2013).

There is no need for the minister to be upset anymore; the whole society has been upset already. The minister only needs to act. All talk and no action is meaningless. (L. Anh, 2013) During the measles outbreak in April 2014, Ms. Kim Tien continued using *denial*, and employed more of the *reducing offensiveness* strategy, combined with showing empathy. Even though the Ministry was late in confirming the outbreak and providing proper containment directions, Ms. Kim Tien attempted to convince audiences that the outbreak was not as bad as it might appear. According to V. V. Thanh (2014), the minister assured the public that there were enough facilities and medicines to fight the outbreak, and the health

sector also had plans to lessen the financial burdens to poorer patients. As the minister tried to alleviate the seriousness of the case, she refused to resign despite the growing petition. She said:

As a mother, I would like to send my deep condolences to all parents whose children have died of measles. [...] But sincerely speaking, I don't think of a resignation at this moment. Currently, the entire health sector is focusing all efforts on saving children from dying from measles ("Vietnam health minister," 2014).

Nevertheless, the late actions from the minister diminished the reducing offensiveness efforts. Since the outbreak spread out quickly, the last minute containment and apology were deemed disappointing by the mass. For example, a reader commented that:

Why are you "afraid" of confirming the outbreak? Confirmation is needed so we can get prepared. Are you afraid of being called ineffective? Why aren't you afraid of your people dying? (Lan Anh, 2014b).

RQ2 aimed to see how the minister's responses affected her reputation to the public during the examined health scandals. From the data, it could be seen that altogether, during the earlier scandals, Ms. Kim Tien employed the two least favored image restoration strategies, which are *denial* and *evading responsibility*. She then moved on with two more favored strategies, *corrective action* and *reducing offensiveness*. However, the strategy of *mortification*, or admitting responsibility and apologizing, was never used by the minister. She also engaged some sympathy in the responses, but when taken together with the timing and unfavorable strategies used, the sympathy was considered insincere and fake. Therefore, it was concluded that her responses to the scandals did not help her win back public trust but damaged her reputation instead.

Public relations (PR) efforts in Vietnam government

As the poor communication seems to be the reason for the escalation of these scandals and for reputation damage, this research turned to seek for a solution for the government in general, and Ms. Kim Tien in particular.

In their research on crisis communication in the public sector, Horsley and Barker (2002) found out that many government organizations do not have enough resources to effectively implement a crisis management plan, nor do they have the budget to hire PR consultants. Lack of professional strategic planning in communication plays down the government's effectiveness in dealing with a crisis, thus making the government more vulnerable to public scrutiny.

The role of PR in a government crisis is essential in all crisis stages. According to Liu and Levenshus (2013), to better prepare for a potential crisis, a PR consultant team can help with environmental scanning, issue management, relationship management, and crafting and practicing a crisis management plan. During the responding phase, the PR team should offer government officials much knowledge of the print, broadcast and online media so that the officials can control interactions with the media and own the information. Sadow (2013) further suggested that the team should also recommend and train the organization's spokesperson to increase the credibility and reputation. Liu and Levenshus (2013) added that after the crisis is contained, the team can help follow-up the information and action from the

public, as well as evaluate the whole process for the government to reflect. As the world is more connected and the media evolves, PR skills become an important asset in a government's communication efforts, especially in times of crisis.

Despite all of the advantages to contain a crisis that PR can offer, the Minister of Health in particular, and the Vietnam government as a whole, still undermines the PR crisis management effort in the government body. In Vietnam, the government's communication efforts cover a number of activities, from propaganda, public announcements, press conferences, party meetings and publicity to social responsibility and public education. Nevertheless, according to Ngo (2012), the government's crisis management is not currently effective, since a number of crises have badly damaged the government's reputation before both domestic and international publics, and even escalated to public tensions, destabilizing the economy, politics, the social order and security.

Therefore, this paper found an urge to insist that a PR role in the government body should be stressed. In Vietnam, politicians underestimate the role of communication and PR. According to Lan Huong (2014a), they choose to approach an issue reactively instead of proactively, and speak on their own accord instead of consulting a media relations professional. However, with the current commotion, it is arguable that this old approach should be changed, and PR can give more insight to politicians on how to deal with the media and the public. As a resolution to the crises and reputation management, this paper assessed the current PR role in a government crisis, what benefits it can offer and if it could be better utilized to uphold the government's reputation. It is suggested that PR is what the government needs to deal with situations like the aforementioned scandals.

5. LIMITATIONS AND SUGGESTIONS

This research sees two limitations. First, it only looked at the traditional media and their readers' comments as data for the study, and ignored the social media dynamics of the case. While the petition for the minister's resignation went strong online, a social media analysis could shed new knowledge into the case and the public agenda. Second, the qualitative nature of this research presented some limitation on the reliability and validity of the results, as the study relied solely on the investigator's interpretation. It is suggested that future studies include social media to make the data more complete, as conduct a quantitative approach to the case to increase the result's validity and representativeness.

6. CONCLUSION

The study concluded that the Vietnam Minister of Health underestimated the importance of the many health scandals in 2013-2014 since they eventually escalated into a government crisis. Additionally, her poor strategies to respond to the public further damaged her reputation and created appeals for her to step down. The study suggested that PR is what she and other Vietnam government officials need to properly deal with such scandals. However, more research with social media data and a quantitative approach is called for to increase the reliability and validity of this case's results. Until now, as the health issues and the resignation appeals are still needed, the crisis management effort should get more attention from the government, and such study is needed to better understand the situation.

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